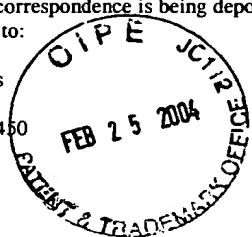


I hereby certify that this correspondence is being deposited on February 23, 2004 with the United States Postal Service as First Class Mail
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Signature:
Name: Kathy Quan

Patent
Attorney's Docket No. 033893-002

1744#

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

)

RECEIVED

Storkan et al.

) Group Art Unit: 1744

MAR 02 2004

Application No.: 09/736,629

) Examiner: Thornton, K.M.

Filed: December 13, 2000

) Confirmation No.: 8021

For: EMULSIFIED SOIL BIOCIDES USED
IN DRIP IRRIGATION SYSTEMS

)

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- A Petition for Extension of Time is also enclosed.
- A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- Also enclosed is/are _____.
- Small entity status is hereby claimed.
- Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [] \$385.00 (2801) [] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

- [] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- [X] No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims		MINUS =		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$86.00 (1201) =	
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$0.00

[] A check in the amount of \$ _____ is enclosed for the fee due.

[X] Charge \$ 55.00 to Deposit Account No. 02-4800. (1 month extension of time)

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.



Date: February 23, 2004

By: _____
D'Arcy Lorimer
Registration No. 53,239

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620